

consultants. Fees in excess of this threshold would be paid to the consultant as a supplement to his income.

Such a scheme would allow the most sought-after consultants in the more lucrative specialties to earn substantial incomes while relieving the Exchequer of the cost of the special allowances payable only to full-time consultants. As a result consultants in these specialties would have sufficient financial incentive to remain within the Health Service. There would be an intrinsic safeguard against excessive diversion of a consultant's time and energies to the special amenities service because the service would take up only a small fraction of each hospital's beds and outpatient facilities. If additional safeguards were needed a ceiling could be placed on earnings, with a higher ceiling for the specialties in which large earnings accrue from a modest investment of time. The proposed arrangements would also apply to those who have part-time contracts in the Department's scheme, but there would be no threshold and all fees would be paid to the consultant as an income supplement. The part-time consultant would of course also be allowed to practise in private hospitals or clinics and to retain the resulting fees.

Adaptation of the proposed contract along these lines would provide a possible basis for agreement between the profession and the Government without the need for a damaging confrontation.—I am, etc.,

ROBERT LOWE

St. George's Hospital Medical School,
London S.W. 17

¹ Lowe, R. D., *The Times*, 14 November 1974, p. 16.

SIR,—In response to intimation of a widely held desire for an opportunity to discuss the situation arising from the various proposals for a consultant contract which are before the Owen Working Party (16 November, p. 419) a meeting open to all consultant pathologists having contracts with the S.W. Thames Regional Health Authority was held on 21 November 1974. It was attended by 34 consultant pathologists drawn from all parts of the region. After full discussion, the meeting passed the following resolutions:

(1) That this meeting does not support the adoption of a form of consultant contract based on items of service.

(2) That this meeting rejects the proposals of the Central Committee for Hospital Medical Services for a 10-session contract since they do not include a differential for those consultants not wishing to engage in private practice.

(3) That this meeting considers that the Health Departments' proposals for a new consultant contract should be regarded as providing a basis for negotiations.

The first resolution was carried by an overwhelming majority, the second unanimously, and the third by 26 votes in favour to 7 against. It was further resolved that these resolutions should be transmitted urgently to the B.M.A. and to the Hospital Consultants and Specialists Association and that a letter reporting the meeting should be sent to you with a request for publication.—I am, etc.,

ROBERT J. EVANS
Chairman

Chertsey, Surrey

SIR,—Many consultants seem to think they might be a little better off shortly by accepting or retaining a financial inducement—that is, a bribe—to "total commitment" to the N.H.S. May I point out that *all* representatives of both major consultant associations (B.M.A. and Hospital Consultants and Specialists Association) have utterly rejected in the Owen Working Party the inclusion of any such restrictive clause in *any* contract offered. This simply means they have all rejected completely the principle of paying a consultant for *not* doing something.

Were any government foolish enough to offer individual consultants a contract containing such a clause there is no guarantee whatever that an accepting consultant would be better off—the likelihood is that the differential would seem attractive by depression of the part-timers' remuneration. In these circumstances the consultant profession would be bitterly divided. Acceptants of the objectionable clause might find it difficult to live with either their consciences or their colleagues. There are far more honest ways of making sure that a consultant devoted entirely to the N.H.S. makes a good living.—I am, etc.,

J. F. RICKARDS

Acting Chairman,
Terms and Conditions Committee, H.C.S.A.,
Member of Contracts Panel Working Party

South Staffordshire Medical Centre,
Wolverhampton

SIR,—I would like to comment on the suggestion of Dr. E. B. Lewis (16 November, p. 412) that "bribes" may be offered by the Government to holders of part-time contracts to become whole-time.

The point that may be overlooked is a simple one and is that there has always been a financial incentive to be part-time in terms of net earnings from salary, private practice, and, not least, tax allowances. Naturally the majority of consultants have opted for this as the only way of achieving a reasonable income in the N.H.S. at the present time. By the same token there could be a reasonable financial incentive to become whole-time (a "bribe" suggests corruption or perversion of justice) and many might voluntarily elect to change their contracts as well as redressing an imbalance which has existed for a long time. It would also mean more private work for those wishing to remain in part-time contracts.

Our negotiators have our support and good will, but they should not reject reasonable proposals which involve financial incentives for whole-time contracts.—I am, etc.,

A. N. G. CLARK

Geriatric Unit,
Brighton General Hospital,
Brighton

SIR,—Both the B.M.A. and the Department of Health and Social Security are discussing a new 10-session contract. The essential difference between the two is that the B.M.A. contract offers a financial bonus to the part-time consultant, whereas the D.H.S.S. offers additional salary to totally committed full-time consultants. In addition, the D.H.S.S. suggestion that the nine-point incremental scale should be abolished eases

the hardship of the recently appointed consultant who might otherwise see his income fall from his overtime-weighted senior registrar salary.

We believe that there are advantages in the D.H.S.S. contract. The profession should therefore examine carefully the proposed new contract before considering threats of sanctions. A more careful appraisal of the alternatives offered, detailed assessment of the views of *all* consultants, followed by informed negotiation by all the parties concerned could lead to a satisfactory outcome. Hasty, ill-conceived, and high-handed action by our negotiators might precipitate a long-drawn-out divisive campaign, with the profession as a whole the final loser.—We are, etc.,

D. R. BEVAN
R. C. G. RUSSELL

St. Mary's Hospital,
London W.2

SIR,—We, members the Junior Doctors Committee of this hospital, wish to support the hospital consultants as having rights to practise private medicine if employed on a part-time contract in the National Health Service, but do not agree with private practice which cuts into time which according to their contract should be devoted to National Health Service work.—We are, etc.,

A. GAYMER,
Chairman
N. ARNOTT
J. J. BIRCH
F. P. DENTON
G. A. DINNIS
E. M. J. A. FOSSION
V. GRAHAM

Odstock Hospital,
Salisbury

J. E. HARVEY
A. B. KASBY
R. KING
J. E. MARLEY
N. A. OLBORNE
I. SINGH
P. A. TURRALL

SIR,—May I draw the particular attention of readers to the Health Department's views on item-of-service contract (16 November, p. 423), especially sections *a* and *g* of paragraph 9?

The view is expressed that consultants cannot be trusted to treat patients properly if fees are involved. It is taken for granted that we may neglect our patients by doing only the minimum for which payment may be claimed, that we may undertake unnecessary procedures for the sake of additional fees, and that we may even claim fees for fictitious procedures. One can only assume that those who hold these views have become so accustomed to venality and corruption in their own spheres that they no longer recognize the existence of our standards of integrity.

It would seem therefore that further negotiations will be a waste of everyone's time and that we would do better to agree on a form of contract, put our terms to the Minister, and set a date for resignation from the N.H.S. if our terms are not met in full.—I am, etc.,

G. MITFORD-BARBERTON

Irthlingborough,
Northants

Government and Profession

SIR,—In the present atmosphere of discontent in the medical profession simple and logical action is needed which takes